



Challenging You to Be the Change

[www.cflcoc.org](http://www.cflcoc.org)

## Giving Form

### Donor Information:

Name \_\_\_\_\_  
 Partner/Spouse's Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime phone \_\_\_\_\_  
 Email \_\_\_\_\_

I would like to support the Central Florida Circle of Change with a gift of:

\_\_\_ \$3,200 (One Challenge Day supporting 100 students/25 adults)  
 \_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100 \_\_\_ \$50 \_\_\_ \$25 \$\_\_\_\_\_ (please indicate amount)

\_\_\_ Check enclosed (payable to **Challenge Day**) Please specify the school or county of your choosing in the memo portion of your check.

*Payments qualify as a tax deductible charitable contribution. Challenge Day is a national 501(c)(3) charitable organization. Central Florida Circle of Change is a local non-profit volunteer group.*

### Optional - Gift Notification:

My gift is in \_\_\_ appreciation \_\_\_ honor \_\_\_ memory of

\_\_\_\_\_

(please print name)

Please notify:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime phone \_\_\_\_\_  
 Email \_\_\_\_\_

### I would like my donation/gift to support:

*(100% of the funds donated will go towards the costs of the Challenge Day program in Central Florida Schools.)*

\_\_\_ Specific County within Central Florida - please list county name \_\_\_\_\_  
 \_\_\_ Favorite School - please list school name: \_\_\_\_\_  
 \_\_\_ Please give my donation to the school with the most immediate need

\*\*\*\*\*

**Thank you for your generous support of Challenge Day  
and the Central Florida Circle of Change!**

\_\_\_ I have included Challenge Day/Central Florida Circle of Change in my will or estate plan.  
 \_\_\_ Please send me information about including Challenge Day in my will or estate plan.

### Please mail your completed form along with your gift to:

Central Florida Circle of Change, 580 Cape Cod Lane Suite 5, Altamonte Springs, FL 32714. You may also fax your completed form to (407) 869-6441 or e-mail your form to [holly@cflcoc.org](mailto:holly@cflcoc.org). If you have any other questions, please contact Holly Torroija, Founder, at (407) 869-6441.